



## Our Mission:

Together, with the Health Department and community, to achieve our mission to reduce the number of new HIV infections; to reduce HIV-associated morbidity; and to serve as a role model and central coordinating body for HIV prevention planning activities throughout the State of Illinois.



# ILLINOIS HIV PLANNING GROUP

February 10, 2016

# WELCOME

**Welcome and Congratulations.....**

**The Illinois Department of Public Health thanks you for your interest in and commitment to the Illinois HIV Planning Group (formerly, the Illinois HIV Prevention Community Planning Group).**

**The purpose of the ILHPG is to promote effective HIV prevention and care programming in the state of Illinois. Our goal is to reduce the further spread of HIV infection. The ILHPG uses an ongoing participatory process that incorporates the views and perspectives of providers of HIV services and those infected and affected by HIV.**

**Throughout the time you serve as an ILHPG member, you will receive support from the co-chairs, committee chairs and other members of the ILHPG. This training has been designed as an introduction to the HIV prevention planning process.**

**The ILHPG process involves many steps. You will not be expected to know everything there is to know immediately. Be patient with yourself ... the co-chairs ... and other members ... as you become familiar with the planning process.**

**Thank you for accepting this responsibility!**

# WHY COMMUNITY INVOLVEMENT?

- ◉ The HIV epidemic is very diverse -Who is infected varies from community to community.
- ◉ With community planning, the jurisdiction and those infected/affected by HIV in the jurisdiction help determine the scope, depth and content of HIV prevention programming.
- ◉ Prevention is successful when it reaches people where they are in their lives--not where others think they ought to be.



# DEFINITION OF COMMUNITY PLANNING

“HIV prevention community planning is a collaborative process by which health departments work in partnership with the community to implement a community planning group (CPG) to develop a comprehensive (jurisdictional) HIV prevention plan that best represents the needs of populations infected with or at risk for HIV.”

*(Center for Disease Control and Prevention's  
HIV Community Planning Guidance)*

# IN 1994 ... THE ILLINOIS PREVENTION COMMUNITY PLANNING GROUP WAS CREATED

**Community prevention planning  
reflects the belief  
that HIV prevention priorities &  
needs can best be determined at the  
local community level**

**A diverse membership that represents the  
jurisdiction's prevention populations helps the  
group design local prevention  
plans that focus on the real-life, specific needs of  
people at risk of, or living with HIV**

# THE 5 PRODUCTS CDC THAT WERE REQUIRED OF THE CPGS

- ⦿ Epidemiologic Profile Review/Assessment
- ⦿ Community Services Assessment
- ⦿ Prioritized Target Populations
- ⦿ Priority List of Interventions
- ⦿ Letter to Accompany the IDPH Application
  - Letter of Concurrence
  - Concurrence with Reservations, or
  - Non-concurrence

# THEN, IN 2012 ...

- ◉ In response to the National HIV/AIDS Strategy, CDC releases it's High Impact Prevention (HIP) approach in guiding HIV prevention programs in CDC's 5-year HIV Prevention Funding Opportunity Announcement (FOA) PS12-1201 for Health Departments
- ◉ CDC releases updated guidance for HIV Community Planning Groups - now called HIV Planning Groups (HPGs)
- ◉ And...The Illinois HIV Planning Group (ILHPG) was created



# DIFFERENCES FROM PREVIOUS GUIDANCE

- ◉ Planning process should align with and support the National HIV AIDS Strategy (NHAS) and High Impact Prevention (HIP).
- ◉ Encourages broader collaboration and coordination across HIV prevention, care, and treatment
- ◉ Requires the establishment of a formal engagement process to ensure PLWH, representatives of communities at highest risk for HIV, service providers, and key stakeholders inform the jurisdiction's HIV prevention plan
- ◉ Offers some flexibility regarding planning -number of HPG members, frequency of meetings, meeting participation, and engagement strategies



# DIFFERENCES FROM PREVIOUS GUIDANCE

- ◉ Needs assessments, resource inventory, and gap analysis are now HD activities.
- ◉ HPGs are no longer required by CDC to prioritize populations, define a set of prevention activities & interventions, and report on the 52 community planning attributes.
- ◉ Guidance provides new requirements for monitoring the planning process (shared CDC, HD and HPG responsibility)
  - Participation in the development and update of the JP
  - Documentation and monitoring of the engagement process
  - Analysis of HPG membership and stakeholder profiles
  - Submission of the letter of concurrence, concurrence with reservations, or non-concurrence

# PRIMARY GOAL OF THE ILHPG

To inform the development of the health department's Jurisdictional HIV Prevention Plan that will contribute to the reduction of HIV infection in the jurisdiction.

“Jurisdiction” - all of Illinois outside the city of Chicago

# PRIMARY TASK OF THE ILHPG

- To partner with the Health Department (HD) to address how the jurisdiction can collaborate to accomplish the results set forth in the HD's Jurisdictional HIV Prevention Plan to reduce HIV incidence in the jurisdiction and monitor the HIV planning process to ensure that effective HIV prevention services are reaching populations most at risk.

# THE STATE HEALTH DEPARTMENT

The Illinois Department of Public Health (IDPH) is ultimately responsible for implementing and coordinating the ILHPG, but HIV planning is a collaborative process between the health department and community.



IDPH co-central office, Springfield





The Illinois Department of Public Health supports the HIV planning process in 3 ways:

### Leadership

- Expertise
- Coordination
- Direction
- Guidance

### Technical

- Epi Data
- Program Data
- Training & Development

### Logistical

- Meeting Planning
- Equipment
- Support
- Funding

# **PART 2: STEPS, GUIDING PRINCIPLES, AND RESPONSIBILITIES OF THE HIV PLANNING GROUP PROCESS**

# HIV PLANNING PROCESS STEPS

- ◉ Step 1: Stakeholder Identification
- ◉ Step 2: Engagement Process
- ◉ Step 3: Jurisdictional Plan Development, Implementation, and Monitoring

# STEP 1: STAKEHOLDER IDENTIFICATION

- ◉ Each project year, the HD and the ILHPG identifies and implements strategies to recruit/retain HPG members and to target participants in the HIV planning process that represent the diversity of HIV-infected populations, other key stakeholders in HIV prevention and care and related services, and organizations that can best inform and support the development and implementation of the jurisdictional HIV prevention plan.
  - Membership gap analysis
  - Recruitment
  - Interview and selection
  - New member orientation and training



# STEP 1: PRINCIPLES

- ◉ The HIV planning group should reflect the local epidemic by involving representatives of populations with increased prevalence of HIV, and should include service providers representing HIV care and prevention, mental health, substance abuse, community health centers, etc.
- ◉ The HPG and HD should regularly assess representation and participation of HPG members, HIV service providers, and key stakeholders involved in the planning process to ensure optimal participation and input.

# STEP 2: ENGAGEMENT PROCESS THAT IS RESULTS-ORIENTED

- ◉ Each project year, the HPG develops and the HD implements an engagement process that includes specific strategies to ensure a coordinated, collaborative, and seamless approach to accessing HIV prevention, care, and treatment services for the highest risk populations - particularly those disproportionately affected by HIV across the jurisdiction
  - ILHPG Committee Objectives
  - IDPH HIV Engagement Plan

## STEP 2: PRINCIPLES

- ⦿ This is not an HPG only process. The HD and HPG must work collaboratively to develop, implement and monitor the strategies that will increase access to HIV services.
- ⦿ HD and HPG should identify and facilitate the participation of key stakeholders and HIV service providers
- ⦿ HD and HPG must actively engage other planning groups and federally funded grantees in the HIV planning process (Ryan White Parts A-F, HOPWA, CDC-direct funded prevention, SAMHSA, etc.)

## STEP 2: PRINCIPLES (CONT.)

- ◉ Stakeholders are engaged so that in the planning process there is discussion of the following:
  - Development of services where they don't exist but need is evident
  - Enhancement of services in content, format, or delivery so that consumers are more willing or able to use them
  - Removal or mitigation of various structural barriers that currently impede access to existing services



# STEP 3: JURISDICTIONAL PLAN DEVELOPMENT, UPDATE, AND MONITORING

- Each project year, the HPG and the HD identify and employ various methods to elicit input on the development, update, and implementation of the jurisdictional plan from HPG members, other stakeholders, and providers.
  - Epidemiological analyses
    - Trends and disparities in the epidemic
    - Social determinants of health -
  - Needs assessments
    - Health inequities that are driving the epidemic
  - HIV service delivery analyses
- These things all inform the Jurisdictional Plan and the engagement process

## STEP 3: PRINCIPLES

- HD and HPG make every effort to engage key stakeholders and providers since their participation in the planning and implementation is vital to reducing HIV incidence in the jurisdiction
- HD and HPG members engage other key stakeholders and providers (non-routine members of the HPG) who can help to inform the development and implementation of the Jurisdictional Plan (JP).
- HPG members should promote and support, as appropriate and feasible, the implementation of the jurisdictional plan.

# HIV PLANNING PRODUCTS AND MONITORING INDICATORS

- ◉ Membership and stakeholder profiles
- ◉ Documentation of the monitoring process
  - ILHPG website
    - HPG information
    - Meeting schedule and notices
    - Presentations and meeting materials
    - Minutes
- ◉ Documentation of the implementation of the engagement process
  - Engagement Plan
  - Timeline of activities
- ◉ Documentation of how the HPG provided input in the development/update of the Jurisdictional Plan
  - ILHPG and Integrated meeting minutes
  - ILHPG Committee minutes and products
- ◉ Letter of concurrence, concurrence with reservations, or non-concurrence

# THREE TYPES OF LETTERS

- ◉ Complete Agreement: If the CPG agrees that the health department's application reflects the Plan appropriately, then a **Letter of Concurrence** may be written and submitted by the CPG
- ◉ Some Concerns: If the CPG has any (appropriate) concerns about the application, then a **Letter of Concurrence with Reservations** may be written and submitted by the CPG.
- ◉ No Agreement: If the CPG disagrees with most or all of the application because it does not reflect the Plan, then a **Letter of Non-concurrence** may be written and submitted by the CPG.



# SNAPSHOT OF ILHPG RESPONSIBILITIES

## ◉ Step 1: Stakeholder Identification

- Assist the HD in identification of Stakeholders
- Review/draft bylaws or written protocols and ensure they are in place

## ◉ Step 2: Engagement Process

- Develop the Engagement Process
- Review Epidemiologic Profile and other Data Sources (health impact, social determinants, etc.) the HD may find important in developing an engagement process
- Document the Planning Process

## ◉ Step 3: Jurisdictional HIV Prevention Plan

- Inform the development and update of the JP (HD will develop/update the JP and provide an overview to the HPG).
- Assist HD with ongoing engagement strategies , and as needed, the JP
- Submit letter of concurrence, concurrence with reservations, or non-concurrence
- Assist the HD with ongoing monitoring, documentation and updating the Engagement Plan, informing the HD on updates that need to be incorporated into the JP, and reviewing/submitting all documentation required annually by the Guidance.

# RESPONSIBILITIES

## SHARED BETWEEN THE ILHPG AND IDPH

- ◉ Develop operating procedures that address membership, roles, and decision-making.
- ◉ Provide an orientation for all new members as soon as possible after their appointment.
- ◉ Develop and apply criteria for selecting ILHPG members.
- ◉ Determine the most effective input method for the community engagement and HIV planning process.
- ◉ Determine the amount of planning funds necessary to support community planning.
- ◉ Evaluate the planning process to ensure it is meeting the objectives of HIV planning.

# Shared Community, Health Department and ILHPG Steps in HIV Planning Process

Provide input on priority populations based on analysis of research and Illinois' Epi and social determinants of health data

Assess priority populations and prevention needs of the populations

Inventory prevention services available

Analyze the gaps between needs and services available

Identify strategies and interventions for priority populations

Monitor and evaluate the community engagement and HIV planning process

Evaluate and review outcomes of JP activities and update JP priorities, as needed

Assess effectiveness, including cost-effectiveness, and identify appropriate strategies and interventions that will be included in the Jurisdictional HIV Prevention Plan

# MEMBER ROLES & RESPONSIBILITIES



# YOUR 2016 ILHPG LEADERSHIP



Janet Nuss  
Government  
Co-Chair

Illinois  
Department  
of Public  
Health



Valerie  
Johansen  
Community  
Co-Chair

Lake County  
Health  
Department



Lyyti  
Dudczyk  
Secretary

Will County  
Health  
Department



Scott Fletcher  
Parliamentarian



Alexandra  
Arjona  
Community  
Co-Chair Elect

South  
Suburban  
HIV/AIDS  
Resource  
Center

# THE ILLINOIS HPG (ILHPG)

## ⦿ Voting Membership:

- Approximately 30 voting members
- Representing all regions of the state, and all HIV-affected populations and risk groups
- Diverse backgrounds, cultures, ages, experiences
- Some members are HIV-positive; some aren't
- Some are professionals who work in the HIV field, and some are lay people, interested in HIV planning and impacting the HIV epidemic
- Some have years of experience...and some are new to community planning

# THE ILLINOIS HPG (ILHPG)

## ● Voting Membership includes:

- One member from each of Regions 1-8 appointed by the Prevention lead agent, in consultation with the ILHPG Coordinator)
- One member assigned by Region 9's Chicago Area HIV Integrated Services Council (CAHISC)
- One member representing the Prevention lead agents
- One member representing the Care lead agents/project directors
- Other members who have been selected from the region via a standardized recruitment, application, interview, and selection process based on an annual gap analysis of membership by demographic, risk, and expertise area
- There should be 2-3 members, at minimum, per region, with more in the high density regions (4, 7, and 8)
- Region 9 is not prioritized for membership but we may accept members from that region if needed to fill gaps.

# THE ILLINOIS HPG (ILHPG)

## ◉ Non-voting Membership:

- Approximately 15 non-voting members
- Includes IDPH support staff from HIV Section - prevention, care, surveillance, and evaluation
- Also includes agency liaisons:
  - Department of Alcohol and Substance Abuse
  - State Board of Education
  - Corrections
  - STD
  - Minority Health Services



# COMMITMENT

## Voting Membership:

- The length of time that a voting member may serve is determined by the ILHPG as noted in its by-laws. Terms of service last two years, may be renewed for a second term, subject to reappointment, at the request of the member through a written request/approval process and may be extended one more year, up to a maximum of five years.
- It is expected that members attend regularly scheduled face-to-face and/or webinar meetings of the ILHPG (including Integrated Care/Prevention meetings), participate in conference calls of assigned committee, and devote several hours each month to ILHPG-related activities.

# COMMITTEE PARTICIPATION

- ◉ Four standing committees complete HIV planning tasks and activities
- ◉ One steering committee comprised of ILHPG leadership guides all planning functions
- ◉ Committees meet monthly by conference call, unless a conference call is determined not to be needed and is cancelled by the committee co-chair(s).
- ◉ All ILHPG voting members and liaisons must serve on at least one committee, considered their primary committee, but may serve on additional committees in a non-voting capacity, if desired.
- ◉ IDPH HIV Section staff provide needed support to the four standing committees.

# ESTIMATED TIME REQUIRED

- Monthly face-to-face or webinar meetings
- One or more online webinars/tutorials that provide “member development/training”
- One afternoon/evening meeting (held during HIV/STD Conference)
- Monthly conference call of assigned committee
- Participation in engagement meeting(s) when held in members’ region(s)
- Several hours per month for specific task completion.
- Leadership roles and Committee Co-chairs may require an additional time commitment.

# COMMITTEES

- ◉ Membership Committee
- ◉ Interventions and Services Committee
- ◉ Evaluation Committee
- ◉ Epi Profile/Needs Assessment Committee
- ◉ Executive Committee (Elected ILHPG leadership and Co-chairs of other 5 standing committees)
- ◉ “Ad-hoc” MSM of Color workgroup (completed)
- ◉ “Ad-hoc” Integrated Planning Steering Committee
- ◉ “Ad-hoc” Funding Allocation Formula Workgroup





# EPI PROFILE/NEEDS ASSESSMENT COMMITTEE

- ◉ Annually reviews data in the state's Epi Profile and additional data sets as needed for emerging trends and disparities
- ◉ Reviews data sources and information related to prevention services/resources and gaps in services
- ◉ Makes recommendations to HD for community planning needs assessment activities
- ◉ Provides input and makes recommendations to HD on priority populations for HIV prevention services, service needs, and gaps in prevention services
- ◉ Assists the HD in the assessment of the linkage between the Jurisdictional HIV Prevention Plan and the HD Interim Progress Report/Prevention Grant Application



## EVALUATION COMMITTEE

- Monitors/evaluates ILHPG and HIV planning processes
- Assists HD in development of materials, evaluation plans, and conduct of needs assessment activities

# EXECUTIVE COMMITTEE

- Elected ILHPG Officers
- Co-chairs of other 4 standing committees
- ILHPG Steering Committee
- Agenda
- Strategic Plan and Timeline
- Policy matters
- Public comment response, & concurrence process



# INTERVENTIONS & SERVICES COMMITTEE



- Reviews emerging information and data on interventions
- Presents outcomes and data on CDC approved interventions to ILHPG
- Provides recommendations on appropriate interventions and guidance to include in the Jurisdictional HIV Prevention Plan

**“One of the great mistakes is to judge programs and policies by their intentions and rather than their results.” – Milton Friedman**



# MEMBERSHIP COMMITTEE



- Parity, Inclusion, and Representation (PIR/TA) Subcommittee
  - New member recruitment, selection, orientation, and mentoring
  - Technical assistance needs of ILHPG
- Materials Review Subcommittee
  - Annually reviews HPG Bylaws and policies
  - Revises, clarifies, and drafts bylaws and policies as needed
  - Maintains ILHPG documents on the website (<http://ilhpg.org>)

# ILHPG MEMBER ROLES & RESPONSIBILITIES

- ◉ Commit to the group's planning process and its results
- ◉ Be prepared for and attend meetings
- ◉ Participate on committee and workgroups and complete assigned tasks
- ◉ Take on a leadership role or lead a committee or workgroup, if elected
- ◉ Collect and review data and information, as needed, on specific prevention issues
- ◉ Reflect the perspectives of diverse population group(s)
- ◉ Participate in group discussions, decision-making, and problem solving
- ◉ Accept and commit to the group's Bylaws and Policies, as adopted
- ◉ Commit adequate personal/professional time to fulfill the above.

# RECAP: MAJOR DUTIES AND TASKS OF MEMBERS

- Provide input to HD on epidemiological, evaluation, behavioral and social science, needs assessment data and other information presented to the ILHPG for development/update of the JP
- Assist the HD in assessing existing community resources to determine the community's capability/capacity to respond to the HIV epidemic
- Assist the HD in identifying priority populations for HIV prevention services
- Assist the HD in identifying unmet HIV prevention needs within defined populations and recommending effective strategies and interventions for prioritized target populations and areas



# RECAP: MAJOR TASKS AND DUTIES

- Develop, implement, and monitor the plan to engage key stakeholders in HIV planning
- Identify technical assistance/capacity development needs for effective community engagement in HIV planning
- Assist the HD in identifying technical assistance needs of community-based providers in the areas of program planning, intervention, and evaluation
- Monitor the HIV Prevention Planning Process and assess the effectiveness of the HD's Application for Federal HIV Prevention funds in addressing the priorities identified in the Jurisdictional Plan



# MEETINGS

# ILHPG 2016 MEETING SCHEDULE

- Monthly 2 ½ hour webinar ILHPG meetings will be held in 2016 in every month except October and November. The webinars will take place from 10 am -12:30 pm on the 3<sup>rd</sup> Friday of those months.
- Quarterly 2 ½ hour webinar Integrated ILHPG/Ryan White Advisory Group meetings will be held in March, May, August, and December. The webinars will take place from 10 am -12:30 pm on the 3<sup>rd</sup> Thursday of those months.
- We are planning for a full-day meeting of the Integrated Group to take place in conjunction with the HIV/STD conference which will be held in Springfield, tentatively October 25<sup>th</sup>.
- January -February: Members will be required to take the following webinar trainings (either live or recorded versions):
  - Understanding Basic HIV Epidemiology
  - Using Data for HIV Prevention Planning
  - ILHPG Website and Webinar Overview (this will be scheduled one-on-one with new ILHPG members, upon request)
- We are planning to identify a location in each region where members from that region can come together to jointly participate in the meeting webinars if they choose to do that. Members will also be able to participate from their own PCs and locations.

Attendance and participation is very important.



# MEETING ATTENDANCE PROCEDURE

- ◉ Each webinar (meeting or training) counts as one half day meeting.
- ◉ Members receive credit for required webinar trainings in which they participate. Members can participate in the live webinars or the recorded versions that will be posted and can be viewed from the ILHPG website.
- ◉ The face-to-face meeting held during the conference counts as two ½ day meetings.
- ◉ Combined, that means there will be 17 increments of ½ day meetings next year.
- ◉ Of the 17, members are allowed 5 absences. More than 5 (without an approved temporary suspension of membership) will result in termination by absence from the ILHPG.



ILHPG- IGNITING  
EXCELLENCE...LET'S PLAY BY  
THE RULES



# MEETING GROUND RULES

The ILHPG has adopted the following rules to aid in keeping the group functioning efficiently and effectively:

- **Our focus is HIV prevention planning.** The ILHPG is dedicated to eliminating the spread of HIV, and all members share this commitment. As ILHPG Members we must focus on the situations, issues and/or behaviors surrounding the spread of HIV and not on “the person”.
- **Value differences.** One of the fundamental principles of community planning is the inclusion of diverse perspectives. All perspectives, values, and opinions are valid in community planning. We must agree that “to disagree” is okay.

# GROUND RULES CONT'D

- **Decide through consensus.** Although most decisions are made by a vote, the ILHPG shall strive to reach consensus before a vote is taken.
- **Watch communications needs.** Everyone processes information differently, and it's every member's responsibility to ensure that they and their fellow members receive information in a manner that is clear and useful to them.
- **Share airtime.** The facilitator will seek to ensure that conversations are not dominated by a small number of people, but it is every member's responsibility to ensure that all members who wish to speak on an issue have an opportunity to do so.

# GROUND RULES

- **Avoid repetitions.** One way to maximize shared airtime is for members to avoid repeating what they already said or what one of their fellow members has said.
- **Be specific with examples.** The best communication happens when members speak concretely as opposed to abstractly. As much as possible, it is helpful to give specific examples when discussing an issue.
- **Give respectful feedback.** PCPG members show respect for one another as people by avoiding personal attacks and the use of labels, listening with understanding and restricting process observation to behavior only (and not assume we know another's motives).



# GROUND RULES

- **Focus on the issue.** Although everything a member contributes to the community planning process has value, selection of the time and place to discuss an issue is critical. If there is an issue of great salience to a member but it is not related to the agenda item, s/he may bring it up at another time. In addition, “focus on the issue” means that the issue is what is at stake, not any particular person’s stance on the issue.
- **Avoid sidebars.** Side conversations during meetings are distracting and disrespectful. However, translators or those assisting people with disabilities to participate in the meeting may converse with ILHPG members during meetings as needed.



# GROUND RULES

- **Observe the agenda.** ILHPG meetings and members will focus on agenda topics and timelines provided, or formally renegotiate as a group for any deviations.
- **Call the process.** It is OK to respectfully call “process” or “point of order” at any time, particularly if someone’s rights are being violated by an incorrect or inappropriate use of the process governing meetings.
- **Avoid causing distraction.** Spending time on personal cell phones and laptops on non-ILHPG business during ILHPG meetings is distracting and disrespectful and may interfere with members’ ability to comprehensively understand the presentations and discussions that are occurring.

# GROUND RULES

## ■ General Meeting Rules:

- ILHPG meetings will start and end on time.
- ILHPG members and presenters should avoid using acronyms as much as possible, or explain them thoroughly, to maximize understanding of everyone present.
- If an individual or small group accepts an assignment, they will complete it on time or signal as early as possible that they cannot do so.
- Members are expected to fully participate in the whole day's agenda for ILHPG meetings.
- Its OK to have fun.

# MEETING PROCEDURE

- ILHPG meetings operate under agreed upon ground rules and parliamentary procedure
- Only elected, voting members are allowed a vote. Agency liaisons, IDPH staff, community members and others may participate to provide input or expertise, but do not vote.
- A quorum (majority) of members must be present at in-person meetings for a vote to be taken on any motion

# RESPONSIBILITIES OF CO-CHAIRS

- ◉ Agenda...send out before meeting...any changes should be noted before approved by vote
- ◉ Consider items members and the public ask to place on agenda.
- ◉ Maintain the agenda.
- ◉ Community Co-chair has all the rights of participation, including making and seconding motions, and voting.
- ◉ Responsible for administering the group's deliberations and enforcing group's rules
- ◉ Announce agenda items and keep discussion on track.
- ◉ Recognize members for the floor.
- ◉ Restate motions for clarity before votes.
- ◉ Ask for votes on each side and announces outcome.
- ◉ Seek balance and strive to be impartial.



# ROBERT'S RULES OF ORDER SURVIVAL TIPS



Main ideas...

- ◉ Everyone has the right to speak
- ◉ Everyone has the right to know what's going on at all times
- ◉ Only urgent matters may interrupt a speaker
- ◉ The members only discuss one thing at a time
- ◉ Don't let the Rules intimidate you...that's why we have a Parliamentarian...

# ROBERT'S RULES OF ORDER

- An agenda must be presented, seconded, and accepted or rejected by a voice vote of the group.
- Only topics that appear on the agenda are to be discussed and acted upon. Anything else is out of order.
- Business is conducted at a meeting when a *quorum*--a significant minority of the membership stipulated by the *Bylaws*--is present
- An individual waits to speak until the Chair or Facilitator *recognizes* the potential speaker by calling upon him or her
- When an individual has been recognized, he or she is said *to have the floor*; that is, he or she has the right to offer any motion or discussion that is in order at that time

# ROBERT'S RULES OF ORDER

- ⦿ A motion that brings new business before the group is called a *main motion*, and it is submitted to *consideration*--debate and a vote--when it has been *seconded* by a show of support from some member other than the individual who proposed it. Only one main motion may be considered at a time.
- ⦿ No member can speak twice on one topic while there is a member remaining who wishes to speak and has not spoken once.

# ROBERT'S RULES OF ORDER

- ◉ Anyone can make a motion or second a motion
- ◉ Motions may be amended, withdrawn and/or modified
- ◉ Debates may be limited (calling the question...2/3 vote) or extended with time limit
- ◉ Voting may include voice, hand, secret ballot, or roll call
- ◉ Majority vote is more than half of the members. Two thirds vote is 2/3s or more of the members.
- ◉ Be sure to announce and clarify what is being voted on before the vote.



# ROBERT'S RULES OF ORDER

- ◎ Only one MAIN motion can be pending at any given time.
- ◎ Other classes of motions take precedence over main motions.
  - Point of privilege
  - Point of order
- ◎ There are times when any member of the group can interrupt the speakers or the Chair without waiting for recognition by the Chair. Interruptions can be made on "***a point of order***" or "***a point of procedure***," these points must be recognized by the Chair immediately
- ◎ ***Point of Privilege***: Pertains to noise, personal comfort, etc. - may interrupt only if necessary!

# EXAMPLE

- ⦿ A motion is simply a proposal with a thought of acting on a topic on the agenda in a specific manner. For instance, at a meeting of the ILHPG, on the agenda appears the topic “Changes in the Current Priority Populations for HIV Prevention Services.” After discussing this topic at length, a member rises and is recognized by the Chair and says, “I wish to make a motion to accept the proposed changes in the prioritized populations for HIV prevention services.” Another member rises and says, “I second the motion.”
- ⦿ Once this motion has been made and seconded it must be put to a vote before the group after a discussion period, provided there is someone who wishes to speak for or against the motion.
- ⦿ However, another member rises and says, “I make a motion that there be no changes to the current list of priority populations.” This member is out of order!

# MORE

- ◎ The motion on the floor waiting to be acted upon is to accept the proposed changes in the priority populations for HIV prevention services. This motion must be accepted or rejected before any other motion can be entertained. In other words, no motion or proposal can be made at a meeting while there is another motion on the floor duly seconded which has not been acted upon.

# SUMMARY- FOR FAIR AND ORDERLY MEETINGS

- ◉ Provides common rules and procedures for deliberation and debate
- ◉ Remarks must be respectful and courteous in language and deportment
- ◉ Conflicts of interest must be disclosed by members.
- ◉ Silence means consent!



# SUMMARY- FOR FAIR AND ORDERLY MEETINGS

- ◉ Obtain the floor...must be recognized by the Chair or Facilitator (usually the Parliamentarian) before speaking!
- ◉ Each motion is usually debated for average of 10-15 minutes of debate
- ◉ The member initiating the motion speaks first. The Chair or Facilitator asks for a second.

About Motions	Purpose of Motion	To Enact Motion
Main Motion	to take action on behalf of the body	debatable; requires majority vote
Adjourn	end the meeting	not debatable; immediately voted upon and requires majority vote
Call for Orders of the Day	asks to stick to the agenda	not debatable; requires 1/3 majority to sustain
Call to Question	closes debate and forces vote	not debatable; requires 2/3's majority vote
Motion to Limit or Extend Debate	limits or extends debate	not debatable; requires 2/3's majority vote
Point of Order	is a question about the process or a particular motion	automatic if granted by Chair
Point of Information	to ask about the process or particular motion	automatic
Motion to Rescind	to change the results of a vote	requires 2/3's majority vote to reverse results of earlier vote
Motion to Suspend the Rules	suspend formal process for a short period	debatable and requires 2/3's majority vote

# CONFLICT OF INTEREST

The ILHPG may have members who are professionally or personally affiliated with organizations that may request or receive funds from the HIV/AIDS Program for HIV prevention activities. Because of the potential for conflict of interest, the ILHPG has adopted a Disclosure of Interest/Code of Ethics Statement which all current and future ILHPG members must complete and provide annually to the ILHPG Health Department Co-Chair.

# EXPENSES



Funding for member transportation, lodging, and meals are covered by a grant to the Illinois Public Health Association. Allowable costs to attend meeting are reimbursed monthly by submitting a signed and completed travel voucher with all receipts. The travel vouchers are collected by the Secretary after each ILHPG meeting.



# MENTORING



Each new ILHPG member has the opportunity to have a more senior member of the ILHPG committee provide mentoring assistance to assist in guiding new members as they get acquainted with the system and process.

# QUESTIONS?

**Please feel free to contact:**

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